

# **EMSA – Where We’ve Been, Where We Are, and Where We’re Heading**

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## *Agenda*

### ➤ **Introduction**

**EMSA Background**

**How We Got Here**

**Where We're Going**

**Questions & Answers**

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### **Introduction**

#### **➤ EMSA Background**

### **How We Got Here**

### **Where We're Going**

### **Questions & Answers**

How many folks in the room have heard  
of EMSA?



# EMS IN CALIFORNIA 1980 – 2022

- Between 1908-2022, the California population grew ~64% from 23.3 M to 39M.
  - There are over 200M visitors to California each year.
  - Residents and visitors have an expectation that when they call 911, an ambulance arrives in a timely manner, the individual receives high-quality care, and, if necessary, they will be transported to a hospital for further assistance.
- The number and complexities of disasters has been increased, along with an aging population, 80% of which have at least one chronic disease.
- Younger children will be admitted to the emergency room more and more often due to poor air quality.
- Infectious diseases are on the rise.
- Hospital and pre-hospital staffing shortages are becoming increasingly acute.
- Pharmaceutical companies have decreased production of low profitability generic medications that are still in critical need – 40% of generic drugs have ONE manufacturer, and we are experiencing supply chain issues.
  - The health care system and continuum are more dependent on each other than ever and our partnership now can mitigate against future struggles and create resiliency!

# EMS IN CALIFORNIA 1980 – 2022

## *Conversations Statewide*

### **Coordination**

- Lack of critical definitions and interpretations of key statutes/regulations
- Absence of standard process for EMS Plans
- Unclear roles and responsibilities

### **Data Driven Policy**

- Lack of minimum standards definitions
- Incomplete electronic submission
- Too little analytics and reporting
- Can't close the loop

### **Quality Assurance**

- Outdated regulations for maintaining basic minimum standards, definitions, and up-to-date metrics of quality assurance

### **Priorities & Partnership**

- All over the map!

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# The California EMS System Strategic Plan – June 2022



California  
Commission  
on EMS

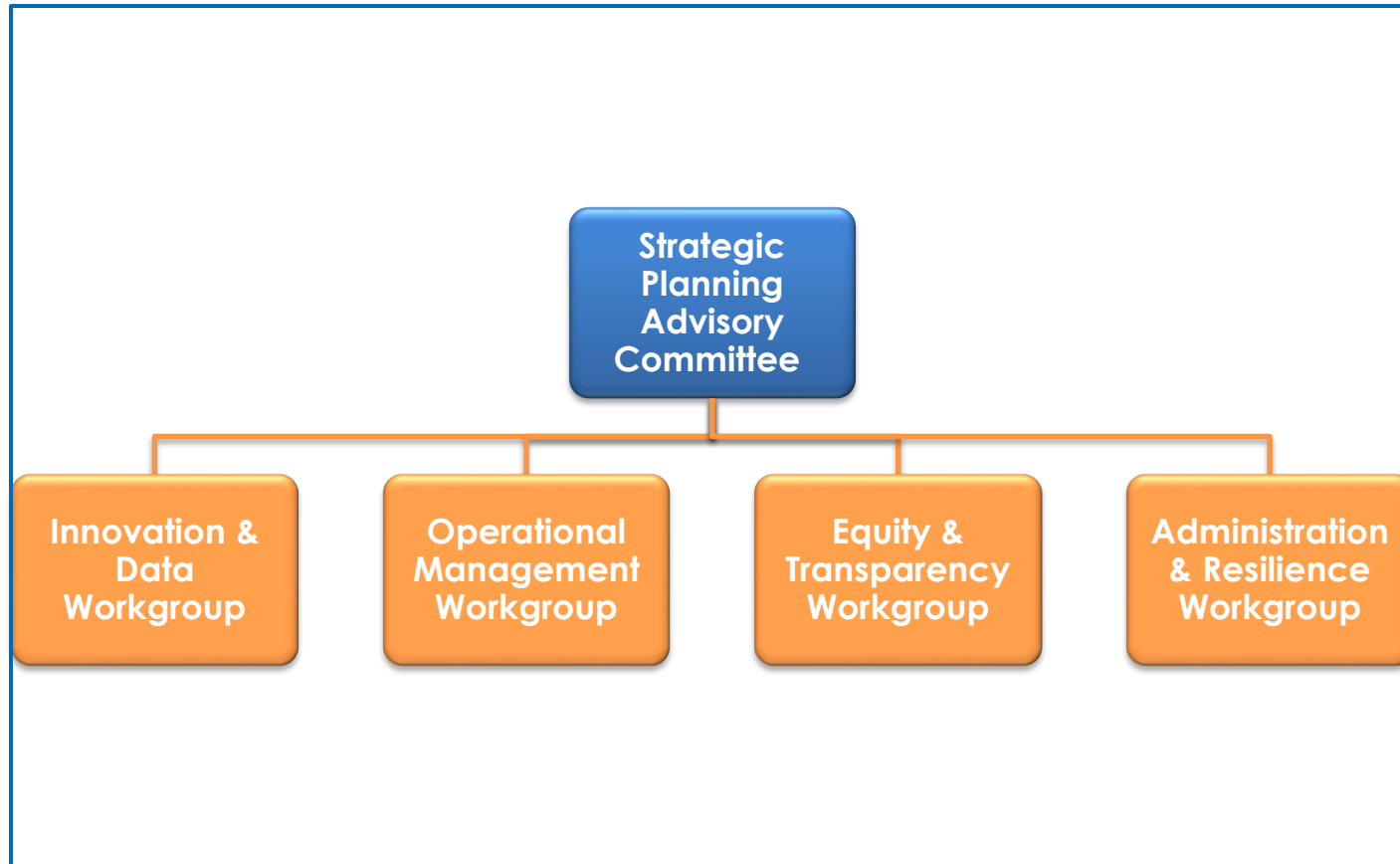


**Purpose of the Committee:** The mission of this committee is to enable partner collaboration towards a common mission, vision, and goals, under an agreed upon set of values, to establish immediate (1 year), short-term (2-5 years), and long term (3-10 years) objectives which bring to life a vision for the future of the CA EMS System.





# The California EMS System Strategic Plan – Planning Process



## STRATEGIC PLANNING PROCESS CORE VALUES



TRANSPARENCY



INCLUSIVITY



RESPECT



INNOVATION



COLLABORATION

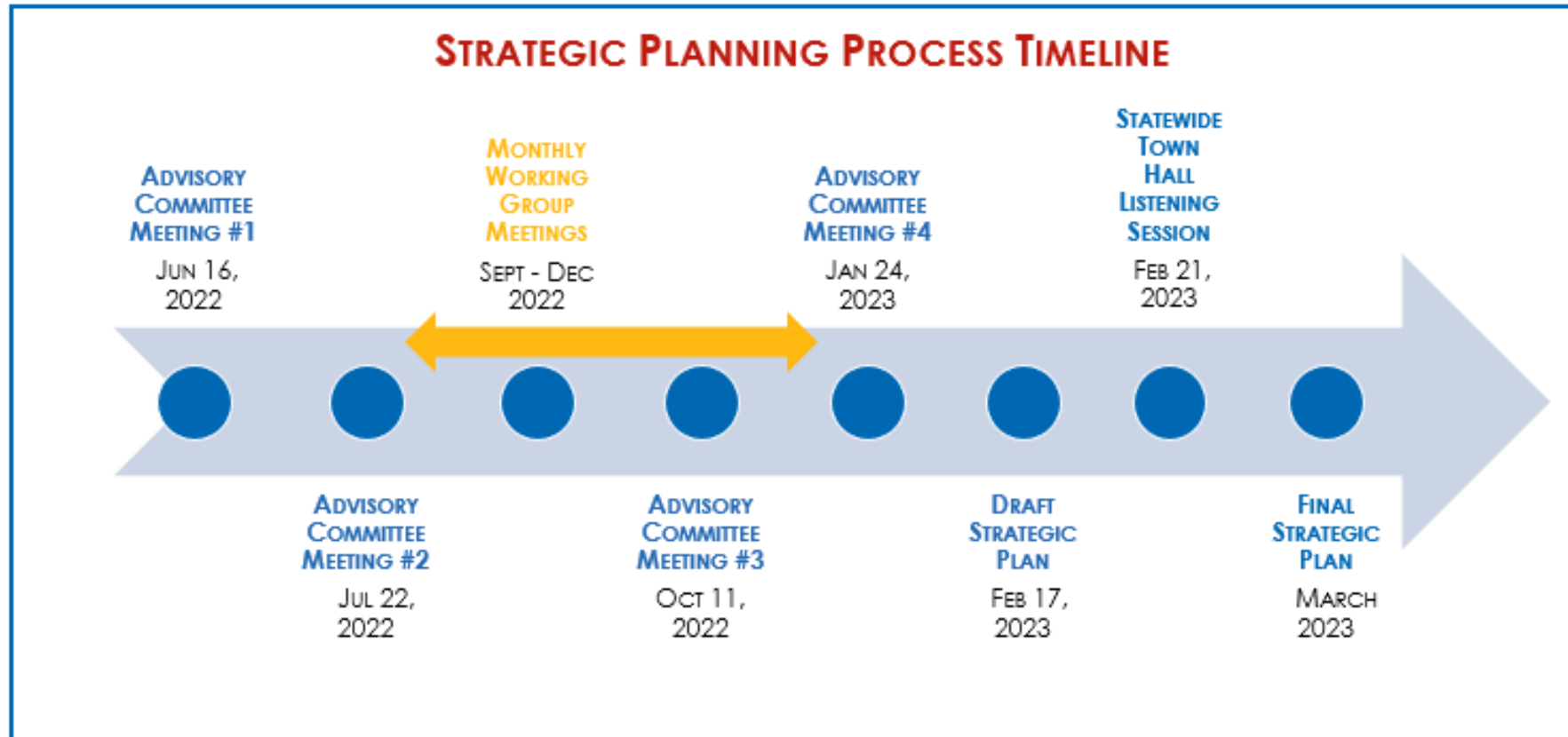


INTEGRITY

### PERSON-CENTERED!

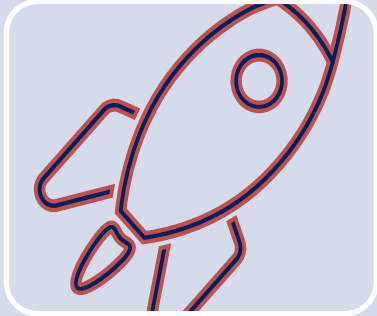


# The California EMS System Strategic Plan – Planning Process



**End-Product of the Committee:** A Strategic Plan for the California EMS System that establishes our Mission, Vision, Values, and Guiding Principles as well as immediate, short- and long-term goals in the areas of the four Working Groups with objectives and key milestones. This plan should be iterated on at least every other year. Re-organize external engagement to operationalize this strategic plan.

# The California EMS System Strategic Plan – End Result



## **Vision Statement:**

The California EMS System is a person-centered and evidence-based healthcare system that provides, with dignity, respect, and the highest level of safety and care, the best possible outcomes for all patients and professionals.



## **Mission Statement:**

The California EMS System provides equitable, high quality emergency medical care and seamlessly integrates with the continuum of healthcare services.

## Guiding Principles

- Safe and Effective
- Data-Driven and Transparent
- Sustainable and Efficient
- Accessible and Equitable
- Integrated and Coordinated
- Prepared and Resilient
- Professional and Quality-Focused
- Adaptable and Innovative

# The California EMS System Strategic Plan – End Result

## **CA EMS System Priorities:**

- Ensure the California EMS System is equitable and transparent.
- Develop an innovative and data-driven approach to lead the future of the California EMS System policy making.
- Maintain, evaluate, and adapt disaster medical response operations to meet the challenges of the future.
- Establish a real-time Health Information Exchange (HIE) for patient transportation, care, and analytics.
- Create a resilient California EMS System by identifying and mitigating current and future vulnerabilities.
- Unify and synchronize the administrative practices within the California EMS System, ensuring integration and coordination.



# The California EMS System Strategic Plan – End Result

**Short-Term  
Objectives  
(1-3 years)**

**6 OBJECTIVES**

**Defining, Analyzing, and Standardizing**

**Intermediate-Term  
Objectives  
(4-6 Years)**

**13 OBJECTIVES**

**Gap Analysis & Implementation Planning**

**Long-Term  
Objectives  
(7-10 Years)**

**1 OBJECTIVE**

**Implementation and Evaluation**



# The California EMS System Strategic Plan – End Result

## **CA EMS System Short-Term Objectives:** Defining, Analyzing, and Standardizing

- **Objective 1.0:** Create the following definitions for the California EMS System:
  - equity,
  - transparency, and
  - resilience.
- **Objective 2.0:** Define an equity metrics framework (including gap analysis) for assessment of the California EMS System including, but not limited to, the following:
  - medical outcomes;
  - medical assessment and treatment;
  - system and provider communication with patients, their families, and the community;
  - patient accessibility to EMS, regardless of socio-economic status, and Specialty Systems of Care;
  - EMS professionals' education, training, and scope of practice; and
  - performance improvement.
- **Objective 3.0:** Perform a comprehensive review of California's EMS disaster medical operations against nationally and internationally recognized best practices, including but not limited to state mutual aid plan, Ambulance Strike Team (AST) program, state patient movement plan, and the California Medical Assistance Team (CAL-MAT).

# The California EMS System Strategic Plan – End Result

## **CA EMS System Short-Term Objectives:** Defining, Analyzing, and Standardizing

- **Objective 4.0:** Examine current best practices, statutes, and operations that direct and regulate activities related to electronic patient care records (ePCR) and electronic health records (EHR) to determine the optimal path forward for integration and the exchange of health information.
- **Objective 5.0:** Develop an objective evaluation process, and perform an assessment of the capacity and capability to respond effectively and reliably to the threats and risks to the California EMS System, including but not limited to:
  - barriers to sustaining, a robust, well-trained, and capable EMS workforce;
  - an increasing demand for EMS and disaster services;
  - the impact of climate change on the health of California communities;
  - integration challenges with public health, behavioral health, and social services to provide appropriate care and services to individuals;
  - single-source supply chain(s);
  - limitations in hospital workforce and capacity; and
  - gaps in fixed and system status management deployment practices for provision of EMS services in underserved, vulnerable communities.
- **Objective 6.0:** Analyze the benefits to EMSA and statewide agencies that cross LEMSA(s) boundaries in aligning medical control for continuity of Basic Life Support (BLS) care across California.

# The California EMS System Strategic Plan – End Result

## **CA EMS System Intermediate-Term Objectives:** Gap Analysis & Implementation Planning

- **Objective 2.1:** Identify current and missing data elements to assesses the equity of the California EMS System. Implement a statewide EMS equity analysis (*using framework from Objective 2.0*).
- **Objective 3.1:** In accordance with the CA Public Health and Medical Emergency Operations Manual (EOM)<sup>8</sup> and CA Medical Disaster Response Plan (EMSA #218), update California EMS disaster medical operations, as identified in the comprehensive review (*in Objective 3.0*). This includes recommendations for the Medical Health Operational Area Coordinator (MHOAC), Regional Disaster Medical Health Specialist/Coordinator (RDMHS/C), and Medical and Health Coordination Center (MHCC).
- **Objective 3.2:** Establish streamlined technology solutions to reduce the administrative burden of disaster reporting and enhance statewide situational awareness in a comprehensive concept of operations.
  - In coordination with the public health and medical mutual aid system and public safety dispatch centers, operationalize (with existing technologies and regulations) a real-time bed polling dashboard with appropriate bed types, status, and availability, and identify a trusted entity to coordinate the data.

# The California EMS System Strategic Plan – End Result

## **CA EMS System Intermediate-Term Objectives:** Gap Analysis & Implementation Planning

- **Objective 3.3:** Create an education program for local (MHOAC), regional (RDMHS/C), and state (MHCC) participants to orient them to disaster medical operations and their respective roles and responsibilities.
- **Objective 4.1:** Establish implementation strategies to create real-time data exchange amongst partner agencies such as Public Safety Answering Points (PSAPs), provider agencies, general acute care hospitals, and skilled nursing facilities.
- **Objective 7.0:** Identify pathways to rectify data gaps that are essential to drive progress for the California EMS System (*applicable to Objectives 2.0, 3.0, and 5.0*).
- **Objective 8.0:** Provide education to EMS professionals on the value and importance of accurate data collection in continuous quality improvement and assurance(QI/QA).

# The California EMS System Strategic Plan – End Result

## **CA EMS System Intermediate-Term Objectives:** Gap Analysis & Implementation Planning

- **Objective 9.0:** Identify implementation strategies to enable syndromic surveillance of incidents to capture trends in real-time that will guide interventions and treatments and impact patient outcomes.
- **Objective 10.0:** Define a process for EMSA to provide technical assistance and discussion between providers and LEMSA(s) to support local EMS operations.
- **Objective 11.0:** Define ways to be transparent in model disciplinary orders.
- **Objective 12.0:** Modernize regulations (as necessary and appropriate) for an evolving EMS System to meet the needs of Californians.
- **Objective 13.0:** Continue to support and develop the community of information sharing within the active participants of the California EMS System for transparency, data sharing, and feedback.
  - Develop mechanisms and metrics for external transparency, data sharing, and feedback.
- **Objective 14.0:** Redefine short-term and intermediate-term objectives for the next planning cycle.



# The California EMS System Strategic Plan – End Result

## CA EMS System Long-Term Objectives: Implementation and Evaluation

- **Objective 5.1:** Continually monitor, evaluate, and adapt implementation strategies, as needed. Identify resource needs and implement the improvements and efficiencies that mitigate the vulnerability posed by the risks identified in the assessment.

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# Equity In EMS Workshop



## EMSA Hosting 3 In-Person Equity in EMS Workshops

- 4/3 – San Francisco
- 4/15 – Anaheim
- 6/23 – Bakersfield

+ Statewide listening Session with post-workshop analysis and results

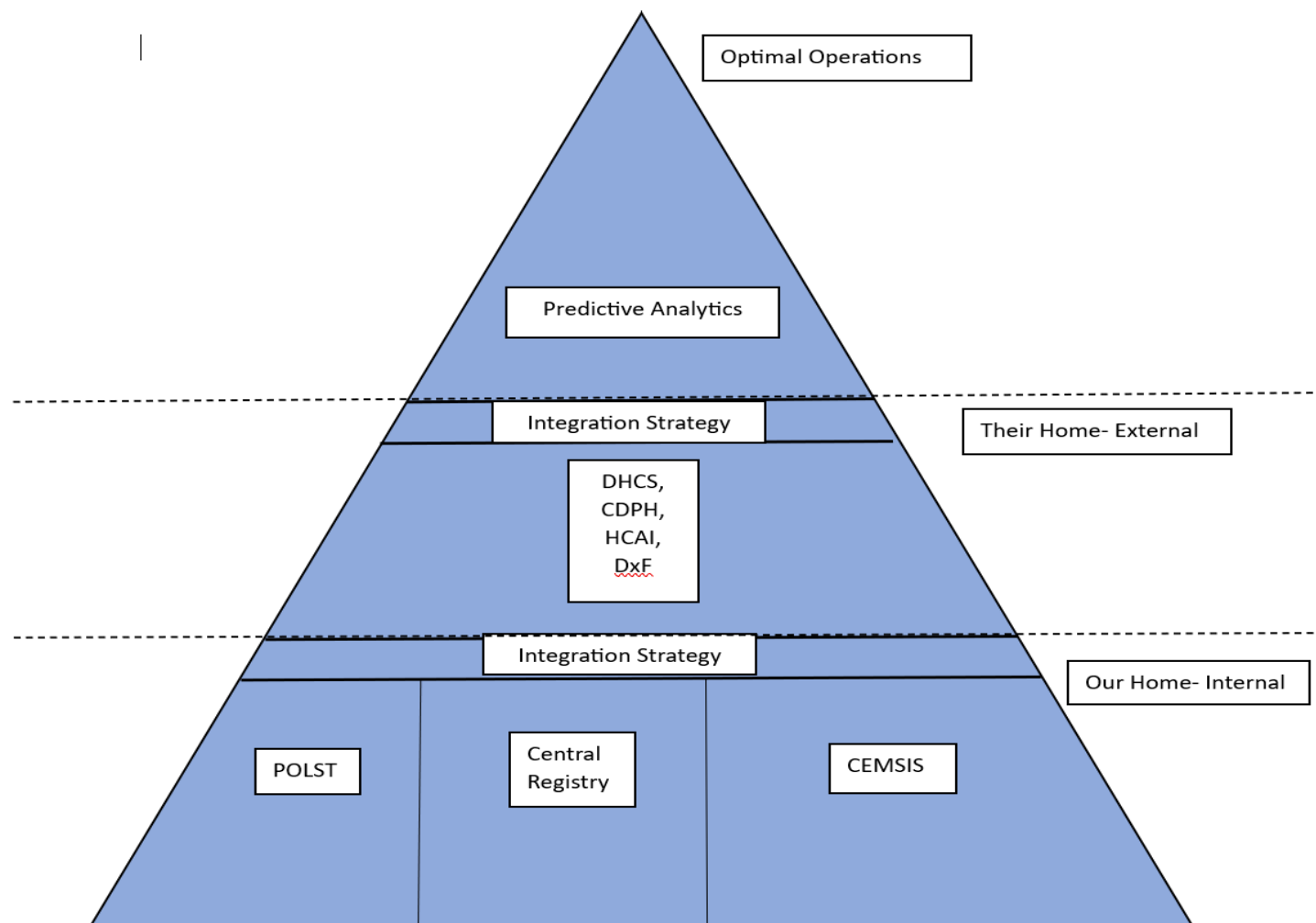
## Sample questions from workshops:

- How do you define equity in EMS?
- Which indicators should be included in the equity metrics framework to track equitable and patient-centered care
- Are there processes or outcomes that currently lack data to fully analyze equity, especially from the perspective of diverse patients?

# Updating Regulations

- Transform and modernize EMS regulations
  - Re-chaptering
- Chapter 1: Delivery Equitable and Person-Centered Care
  - EMSA assembled an EMSA EMS Policy Advisory Committee (EPAC) and hosted 3 in-person sessions with 1:1 coming up and another EPAC in December.
- AB 40: Emergency Medical Services (APOT)
- AB 767: Community Paramedicine or Triage to Alternate Destination Act
- Chapter 6: Specialty Care Programs
- Chapter 3: EMS Professional Standards
- Chapter 4: Discipline
- Chapter 5: Community Paramedicine and Triage to Alternate Destination

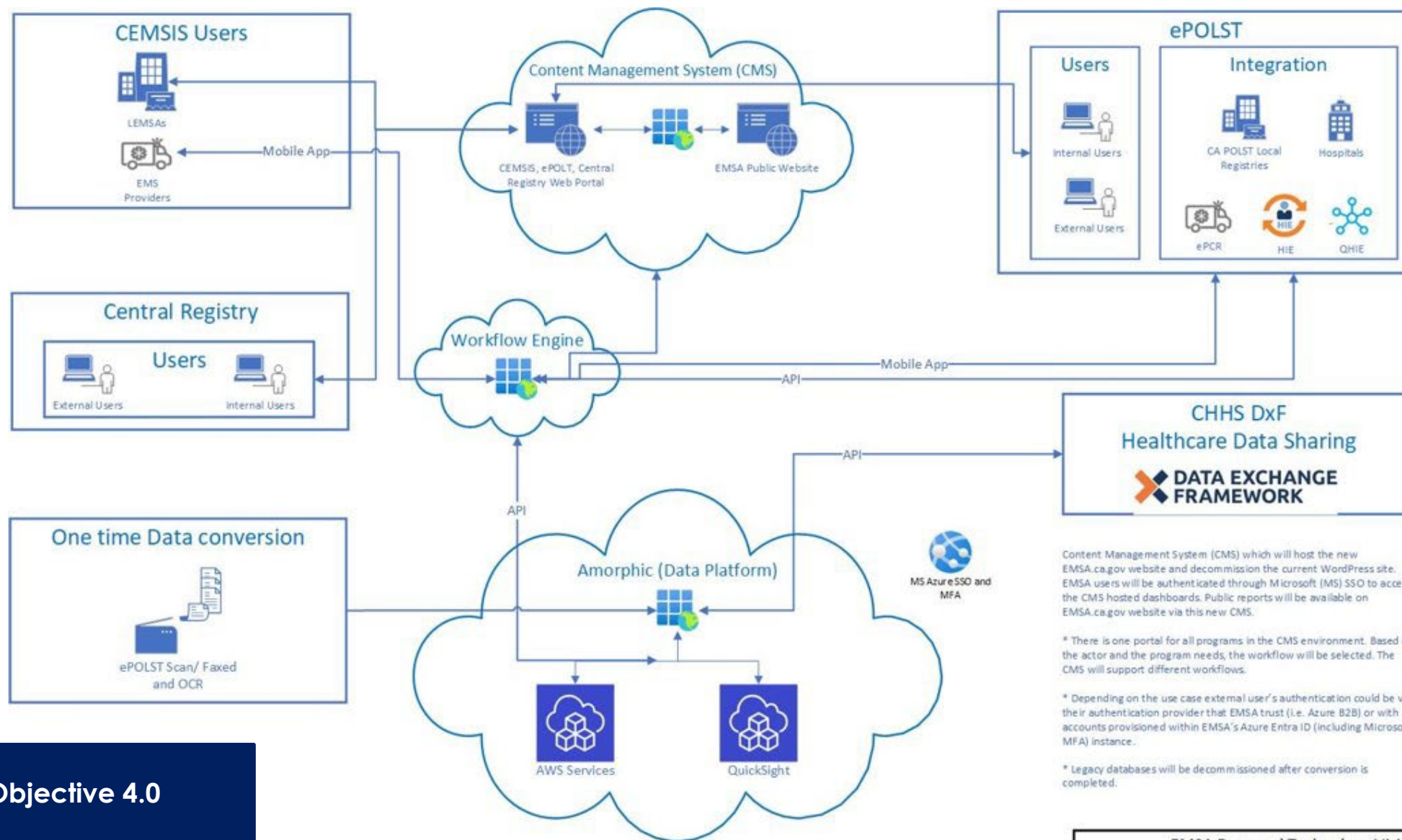
# Updating Data Analytics and Reporting



Objective 4.0



# Updating Data Analytics and Reporting

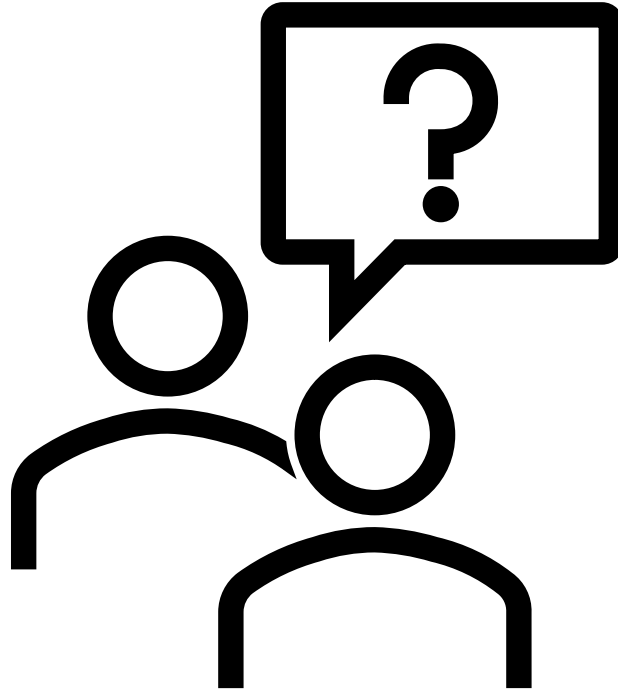


Objective 4.0

# New objectives

- AB 988 Five Year Implementation Plan
  - California EMS providers make more than 4,900,000 patients contacts annually.
  - Approx. 400,000 (13% of all transported patients) have a paramedic Primary Impression which includes a Behavioral Health or Substance Use Disorder (SUD) diagnosis.
  - This translates to an average of over 1,095 behavioral health crises being address by EMS every single day.
  - Behavioral Health Crisis has emerged as one of the top 5 paramedic Primary Impressions for every local EMS agency across the state.
  - Many of these patients would be better served with 988, mobile behavioral health teams, community paramedicine or triage to alternate destination programs rather than be transported to acute care Emergency Departments.

# 2025 | EMERGENCY SERVICES FORUM | NEWPORT BEACH



**2025 | EMERGENCY SERVICES FORUM | NEWPORT BEACH**

**THANK YOU!**

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